

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035213

FILED VS SEP 27 1960

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 200

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Van Buren Twp.		Length of stay in 1b 18 Yrs		c. CITY OR TOWN Lone Jack		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION # 50 Highway 3/4 Mi. East of # 7		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1/2 Mi East Lone Jack		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alvin Middle Ray Last Shawhan				4. DATE OF DEATH Month Sept. Day 23 Year 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/4/1941	
9. AGE (last birthday) 18		IF UNDER 1 YEAR Months 18 Days 18 Hours 18 Min. 18		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	
11. BIRTHPLACE (City and state or country) Jackson Co. Mo.		12. CITIZEN OF WHAT COUNTRY U SA		13a. FATHER'S NAME Jake Junior Shawhan		13b. MOTHER'S MAIDEN NAME Lois Cockrekl	
14. NAME OF HUSBAND OR WIFE *****		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 499-44-1887		17. INFORMANT Jake Junior Shawhan Lone Jack Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed face Crushed Chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured L. arm Fracture DUE TO (c) + Abrasions				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hysteria + Suspicion				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) car + Truck Collision			
20c. TIME OF INJURY Hour 9-23 Month, Day, Year 60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Jackson Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Dr. H. H. Owens Carner			
22b. ADDRESS 152 Union Station		22c. DATE SIGNED 9-23-60		23a. NAME OF CEMETERY OR CREMATORY Lone Jack			
23b. LOCATION (City, town, or county) Lone Jack Mo.		23c. DATE RECD. BY LOCAL REG. 9-24-60		23d. REGISTRAR'S SIGNATURE MB Langford			
24. FUNERAL DIRECTOR Langford Funeral Home		24b. ADDRESS Lee's Summit Mo.		24c. DATE RECD. BY LOCAL REG. 9-24-60			

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1960

1961 3 23

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

W B Langford

Licensed Embalmer No. _____

P. O. Address _____

*38
Lee's Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.